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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : 120160000017
Phone : (855) 498-5500
Fax Number : (800) 432-3622

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FOREIGN PROFIT/NONPROFIT CORPORATION
NATIONAL MOBILITY ELDERCARE INC.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

19 JUL 22 PM 12:18

2019 JUL 22 AM 10:10

FILED

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. NATIONAL MOBILITY ELDERCARE INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. DELAWARE

(State or country under the law of which it is incorporated)

3. 84-2233287

(FEI number, if applicable)

4. JULY 1, 2019

(Date of incorporation)

5.

(Date of duration, if other than perpetual)

6.

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 3240 E. UNION HILLS DR., STE. 137, PHOENIX, AZ 85050

(Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Capitol Corporate Services, Inc.

Office Address: 515 East Park Avenue 2nd Fl

Tallahassee, Florida 32301

(City)

(Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Kim Tadlock

Kim Tadlock, Asst. Secretary on behalf
of Capitol Corporate Services, Inc.

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

A. DIRECTORSChairman: KARIM KANAAN,Address: 3240 E. Union Hills Dr., Ste. 137, Phoenix, AZ 85050

Vice Chairman: _____

Address: _____

Director: BRIAN SMITHAddress: 3240 E. Union Hills Dr., Ste. 137, Phoenix, AZ 85050Director: MIKE FLEMINGAddress: 3240 E. Union Hills Dr., Ste. 137, Phoenix, AZ 85050**B. OFFICERS**President: KARIM KANAANAddress: 3240 E. Union Hills Dr., Ste. 137, Phoenix, AZ 85050

Vice President: _____

Address: _____

Secretary: KARIM KANAANAddress: 3240 E. Union Hills Dr., Ste. 137, Phoenix, AZ 85050Treasurer: KARIM KANAANAddress: 3240 E. Union Hills Dr., Ste. 137, Phoenix, AZ 85050**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.12. Karim Kanaan

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. KARIM KANAAN, PRESIDENT

(Typed or printed name and capacity of person signing application)

2019 JUL 22 AM 10:10
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Delaware

The First State

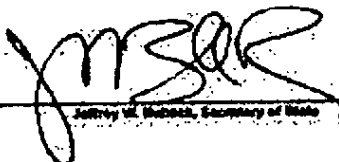
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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NATIONAL MOBILITY ELDERCARE INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SECOND DAY OF JULY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NATIONAL MOBILITY ELDERCARE INC." WAS INCORPORATED ON THE FIRST DAY OF JULY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.




Jeffrey W. Bullock, Secretary of State

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SR# 20195770732

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203141287

Date: 07-02-19